Combined Declaration	For Patent	Application	and	Power of Attorney		• • • • • • • • • • • • • • • • • • • •	ATTO 83672	RNEY D	OCKE1
As below named inven	tor, I hereby decl	are that:						<del>-</del>	
My residence, post office address	and citizenship a	re as stated below	next to	my name,					
I believe I am the original, first a	and sole inventor	(if only one name	is list	ed below) or an original,	first and joi	nt inven	tor (if plural	names a	re listed
below) of the subject matter which	h is claimed and t	for which a patent i	is soug	ht on the invention entitled	l:				
A COMPRESSED FI	LUID FOR	MULATIO	N						
The specification of which (check	only one item be	elow):		•					
X is attached hereto.				7.					
was filed as United State	es Application S	erial No. on and		•					
was amended on (if app	licable).								
was filed as PCT interna	tional applicatio	n Number on ar	nd was	amended on (if applica	ıble).				
hereby state that I have review	wed and underst	and the contents	of the	above-identified specifica	ation, includ	ling the	claims, as	amended	by any
amendment referred to above.									
I acknowledge the duty to disclose 37, Code of Federal Regulations,		ent & Trademark O	office a	Il information known to in	e to be mate	nal to pa	itentability a	s defined	in Litle
I hereby claim foreign priority be	**	35, United States	Code,	§119 (a)-*d) or 365 (b) of	any foreign	applicat	tion(s) for pa	tent or ir	nventor's
certificate, or (365 (a) of any PCT			-						
and have also identified below an									
one country other than the United	States of Americ	a filed by me on th	e same	subject matter having a fi	ling date bet	fore that	of the applic	ation(s) o	of which
priority is claimed: PRIOR FOREIGN/PCT APPLI	CATION(S) ANI	D ANY PRIORITY	/ CLA	IMS UNDER 35 U.S.C.	119:				-
COUNTRY (if PCT, indicate PCT)	A	PPLIÇATION NUMBER		DATE OF FILING (month/day/year)		,	PRIORITY CLAIMED	JNDER 35 USC	§119
							YES		NO
							YES		NO
							YES		NO
							4		
I hereby claim the benefit under T	itle 35, United St	ates Code, 119 §(6	e) of ar	y United States provisiona	l application	ı(s) listec	l below:		
PRIOR PROVISIONAL APPLI	CATION(S) AN	D ANY PRIORITY	/ CLĄ	IMS UNDER 35 U.S.C. §	§119 (e):				
PROVISIONAL AP	PLICATION NUMBER		<del>                                     </del>		FILING DATE (mo	onth/day/year)	****		
	<u> </u>		+			100			
I hereby claim the benefit under designating the United States of A in that/those prior applications(s) Trademark Office all information available between the filing date of PRIOR US APPLICATIONS Of	America that is/an in the manner pr known to me to of the prior applic	e listed below and, ovided by the first be material to pat ation(s) and the na	insofa paragr entabil tional	r as the subject matter of eaph of Title 35, §112, I aclity as defined in Title 37, or PCT international filing	ach of the cl knowledge the Code of Fed date of this a	aims of the duty the	this application disclose to gulations §1.	on is not the U.S.	disclose Patent a
35USC§120:	n PC1 INTENIA	ATIONAL AFFLI	CATIC	DIS DESIGNATING TH	- 0.3 FOR	BENEF	II ONDEN		<del></del>
U.S. APPLICATIONS			STATUS (Check one)						
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENT	ED	PENDING	ABA	NDONED	
10/033,458		27 [	27 December 2001				X	<u> </u>	
	T 40011017		··				1).1	-	
PC	I APPLICATIONS D	ESIGNATING THE U.S							
PCT APPLICATION NO.	PCT FILI	NG DATE		J.S. SERIAL NUMBERS ASSIGNED (if any)			-		
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ATTORNEY DOCKET 83672AD-W

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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	Patent Legal	Staff	(name and telephone number)
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Rochester, NY 14650-2201			
	resolicator, 1	11 11030 2201	FAX: (585) 477-1148
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

SIGNATURE OF INVENTOR 201	Real James	SIGNATURE OF INVENTOR 203
Le-12-2\$\$3	6-16-D3	DATE 6/16/2003
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
6-16-03	DATE / 23 / 03	6/16/03

Co	mbined De	claration For Patent Application and	d Power of Attorney (Continued)	ATTORNEY DOCKET 83672AD-W
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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8	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY	. STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
9	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
,	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209		
DATE	DATE		
SIGNATURE OF INVENTOR 211	SIGNATURE OF INVENTOR 212		
DATE	DATE		
	DATE SIGNATURE OF INVENTOR 211		